

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP			IND	DEP	IND	DEP	IND	DEP	
1															
2	1														
3		1													
4															
5		5													
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46		5													
47															
48															
49															
50															
TOTAL IND.	32														
TOTAL DEP.	116														
TOTAL CLAIMS	148														
51															
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TOTAL CLAIMS															